

# WASTE DISPOSAL ENQUIRY FORM



Business Name:				Date of Enquiry:	
Business Address:				Tel No.: (Landline)	
				Tel No.: (Mobile)	
				Fax No.:	
Contact Details:	Name:				
	Job Title:				
	Email:				
Are you a Waste Broker? (Circle/Delete as appropriate)	Yes / No	Producer Name: (if different from above)			
Nature of Business: (e.g. Research Facility)				Healthcare waste?	Yes / No
Collection Address (if different from above business address)					
Detailed Description of the waste:					
<b>Do you have a Materials Safety or COSHH Data Sheet for the Waste? If so, please can you supply a copy?</b>					
Process giving rise to the waste: (e.g. human research)					
EWC Code/s (if known):				Is the waste Odorous? (Circle/Delete as appropriate) (e.g. strong smelling)	Yes / No
Quantity of waste / Number of Packages:			How is the waste currently contained / packaged?		
Frequency of Disposal Required:			Current Disposal Method (if known)		
Please circle or delete the below as appropriate:-					
Is the waste Human or Animal:	Human / Animal / Other		Is the waste infectious?	Yes / No	
Physical Form:	Solid	Liquid	Gas	Powder	
Further comments:					

VERSION 3 – UPDATED SEPTEMBER 2011

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